

Wisconsin Department of Agriculture, Trade and Consumer Protection

Division of Animal Health

PO Box 8911, Madison, WI 53708-8911 Phone: 608-224-4872 Fax: 608-224-4871

OFFICE USE ONLY									
Signature of approval by Designated Epidemiologist									
Date Received	Amount Received	Check Number							

QUALIFIED PSEUDORABIES NEGATIVE HERD STATUS FOR SWINE

Issued under the provisions of section ATCP 10.27, Wis. Admin. Code and the Pseudorabies Eradication State-Federal-Industry Program Standards.

This application shall be used to certify a herd of swine as a qualified pseudorabies negative herd if the herd qualifies for certification under the Pseudorabies National Eradication Program Standards. **Initial test** - for breeding herds, Qualified Negative status is attained by (1) subjecting to an official pseudorabies serologic test all swine over 6 months of age plus a number of progeny equal to 20% of the breeding swine population of the herd, and (2) finding that all swine are negative to the test. Progeny shall be randomly selected from swine between 4 and 6 months of age. The herd must not have been a known infected herd within the 30 days prior to the qualifying test. A minimum of 90% of the swine in the herd must have been on the premises and a part of the herd for at least 60 days prior to the qualifying official pseudorabies serologic test or have entered by direct shipment from another qualified negative herd.

Continued status - testing must be done either monthly or quarterly. For monthly testing, every 30 days, conduct an official pseudorabies serologic test of 7% of all breeding swine 6 months of age or older, and test a number of offspring 4 to 6 months of age located on the same premises as the breeding herd equal to 2% of the breeding animals in the herd. For quarterly testing, every 80 to 105 days, conduct an official pseudorabies serologic test of 20% of all breeding swine 6 months of age or older, and test a number of offspring 4 to 6 months of age located on the same premises as the breeding herd equal to 6% of the breeding animals in the herd. All swine tested shall be randomly selected and in the case of adult swine, representative of all age groups on the premises. Certification is good for a maximum of 12 months.

Every application for herd certification shall include a nonrefundable fee of \$50 for annual certification. A copy of pseudorables test results must accompany this application if it is submitted for initial qualification.

Owner Information									
Name of Legal Entity or Person that owns herd			Business Name (if different)						
First Name of Contact Person Last Name of Cont			tact Person Phone nun				mber		
Mailing Address				City) — State Zin Code		
Mailing Address			.y			State	State Zip Code		
Herd Information									
Address (if different than above)			City			State	Zi	Zip Code	
County			Livestock Premises Code						
Qualifying Method									
Initial qualifying test - 100% of breeding stock over 6 mo. of			Monthly Testing			Occasionic Testinos			
age, plus some progeny (see above)			Monthly Testing			Quarterly Testing			
Test Date									
Veterinary Information		-							
Herd Veterinarian's Name			Herd Veterinary Clinic's Name						
Address of Veterinary Clinic			City			State Z		Code	
Veterinarian Phone Number			Veterinary Clinic Phone Number (if different)						
_									
Fee									
☐ \$50 Fee for annual certification									
Please include with your application a ch	neck for \$50 pay	yable to	o: WDATCP – I	Divisior	n of Ani	mal Health	and n	nail to	
PO Box 8911, Madison, WI 53708-8917	<u>l. </u>								
Applicant Certification and Signat I certify that the above information is true, correct requirements under the Pseudorabies Eradication	and complete, inclu	uding all	required attachme	ents. I he	ereby agre	ee to comply	with all	applicable	
Signature of Applicant	ustry PIC	Date of Application							

Personal information you provide may be used for purposes other than that for which it was originally collected – sec.15.04 (1)(m), Wis. Stats.